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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

69 588632

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | SMALL TYPE | ENTITY | OR | OTHER | |
|--|--|----------------------|--------------------------------|----------------------------------|----------------|---|---------------|--------------------------|--------|--------------------------------------|------------------------|--------|-------------------------------|-----------------------|
| FOR NUMBER FILED | | | | NUMBER EXTRA | | | | RATE | FEE | | RATE | FEE | | |
| BASIC FEE | | | . : . | | <u>.</u> | | | 13. | 345.00 | OR | | 690.00 | | |
| TOTAL CLAIMS 35 minus 20= | | | | - 73 | | | | X\$ 9= | | OR | X\$18= | 270 | | |
| INDEPENDENT CLAIMS (minus 3 = : | | | | : / | | | | X39= | | OR | X78= | 78 | | |
| MU | ILTIPLE DEPEN | PLAIM PI | RESENT | | +130= | | | +260= | 1 | | | | | |
| • If | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | } | OR | TOTAL | 11.28 |
| TOTAL | | | | | | | | | | | ENTITY | OR | OTHER | |
| ENT A | | REM AF | aims Aining Ter Dment | | PI | HIGHEST. NUMBER REVIOUSLY PAID FOR | PA | ESENT XTRA | | RATE | ADDI- TIONAL FEE | • | RATE | ADDI- TIONA FEE |
| AMENDMENT | Total | ٤ - | sce. | Minus | <u></u> | 35 | • | T | | X\$ 9= | | OR | X\$18= | 1800 |
| AME | Independent | ٠, | 4 | Minus | ••• | · 2/ | = | | | X39= | | OR | X78= | |
| | FIRST PRESE | NTATIO | N OF M | JETIPLE DEF | PEN | DENT CLAIM | | | | +130= | | OR | +260= | |
| | | | | | | | | | į | TOTAL | | | TOTAL | 1800 |
| U-17-04 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | JON , | ADDIT. FEE | <u> </u> |
| ENTO | | REM. | NIMS NING TER DMENT | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PR | ESENT XTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONA FEE |
| AMENDMENT | Total | . 3 | 35 | Minus | ** | 34 | = / | | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | • | <u> </u> | Minus | *** | ~ | • | | | X39= | | OR | X78= | |
| | FIRST PRESE | NTATIO | N OF MI | JLTIPLE DEF | PEN | DENT CLAIM | ~ | <u>·</u> | | +130= | - | OR | +260= | |
| | | | | | | | | | 1 | TOTAL | | | TOTAL | |
| . 0 | 1-9-105 | - (Colu | mn 1) | • | · · · · | Column 2) | · (Co | luma 3) | . 4 | NDDIT. FEE (| | jon , | ADDIT. FEE | |
| NTC | | CU REMA | UMS UNING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PR | ESENT XTRA | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONA |
| AMENDMER | Total | . 3 | 3 | Minus | •• | 35 | 2 | | | X\$ 9= · | FEE | | X\$18= | FEE |
| MER | independent | • | 4 | Minus | ••• | 4. | -/ | | - | | | OR | | |
| | FIRST PRESE | NTATIO | N OF ML | ILTIPLE DEP | END | DENT CLAIM | 7 | | | X39= | | OR | X78= | |
| • 44 | f,the entry in colur | na 1 la la | ee thaa u | a antos in antos | | | · | | | +130= | | OR | +260= | |
| ! | rate entry in colur if the "Highest Nur If the "Highest Nur The "Highest Nurn | nber Pre mber Pre | viousty Pa viously Pa | ld For in This ld For in This | S SP/ S SP/ | ACE is less that ACE is less tha | 20, n 3, e | enter "20." stor "3." | _ | TOTAL DDIT. FEE and in the app | | | TOTAL ADDIT, FEE umn 1. | |